

**Georgia Department of Human Services
Division of Family and Children Services
Transfer of Assets to Spouse (Spousal Impoverishment)**

_____ Date _____

Recipient Name _____

Client ID _____

Spouse Name _____

Case # _____

The above-named individual has been determined eligible for Medicaid Benefits. As part of the eligibility determination process, the individual has agreed to transfer ownership of his/her resources to his/her spouse.

For the individual to remain eligible for Medicaid, the resources listed below must be transferred to the spouse and you must provide verification of the transfer to the Case Worker no later than the annual review date. The annual review date is: _____

If the resources are not transferred by the annual review date, the individual will become ineligible for Medicaid effective _____.

I agree do not agree that the assets listed below are to be transferred to my spouse.

Below is a list of the resources which must be transferred and their values.

RESOURCE	VALUE

Please answer each of the following questions regarding your income.

I want do not want to make my income available to my spouse.

If you want to make your income available to your spouse, how much do you want to give your spouse?

I want to give my spouse: _____ the maximum amount possible or \$ _____ per month.

The above action will be effective _____.

Case Worker Signature

Applicant/Authorized Representative Signature

Case Worker Printed Name

Applicant/Authorized Representative Printed Name

Case Worker Phone Number